

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Matthew David		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Deputy Chief of Staff		CB/ID NUMBER		DIVISION OR BUREAU Communications	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER [REDACTED]	
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	CITY Sacramento	STATE California	ZIP 95814

MONTH/YEAR 3/09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
23-Mar	5:00pm	Sacramento/LA	146.02			18.00		164.60	Air	70.00		0.00	398.62
24-Mar	3:00pm	LA/Sacramento		6.00						10.00		0.00	16.00
												0.00	0.00
26-Mar	9:00am	Sacramento/SF	161.83			18.00	6.00			73 123.00	86	38.09	346.92
27-Mar	4:00pm	SF/Oakland/Sac		5.80						4.00	86	38.09	47.89
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTALS			307.85	11.80	0.00	36.00	6.00	164.60	0.00	207.00	171	76.18	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$809.43	759.43

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)
Staff LA Times Ed Board, SF Ed Board, and Funeral Service for Fallen Oakland Police Officers

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240458

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 4/3/09	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 4/14/09
SIGNATURES			DATE